

**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 5135  
 Name: Farmer, John O., Inc.  
 Address 1: 370 W WICHITA AVE  
 Address 2: PO BOX 352  
 City: RUSSELL State: KS Zip: 67665 + 2635  
 Contact Person: Marge Schulte  
 Phone: (33575) 483-3144  
 CONTRACTOR: License # 33575  
 Name: WW Drilling, LLC  
 Wellsite Geologist: Austin Klaus  
 Purchaser: Coffeyville Resources  
 Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_  
 If Workover/Re-entry: Old Well Info as follows:  
 Operator: \_\_\_\_\_  
 Well Name: \_\_\_\_\_  
 Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_  
 06/14/2012    06/20/2012    07/09/2012  
 Spud Date or    Date Reached TD    Completion Date or  
 Recompletion Date

API No. 15 - 15-147-20681-00-00  
 Spot Description: SW SW NE NE  
SW SW NE NE Sec. 15 Twp. 5 S. R. 20  East  West  
1010 Feet from  North /  South Line of Section  
1075 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
 County: Phillips  
 Lease Name: States A Well #: 1  
 Field Name: Hansen West  
 Producing Formation: Arbuckle  
 Elevation: Ground: 2130 Kelly Bushing: 2135  
 Total Depth: 3618 Plug Back Total Depth: 3594  
 Amount of Surface Pipe Set and Cemented at: 218 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: 1670 Feet  
 If Alternate II completion, cement circulated from: 1670  
 feet depth to: 0 w/ 165 sx cmt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content: 14000 ppm Fluid volume: 320 bbls  
 Dewatering method used: Evaporated  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Quarter    Sec.    Twp.    S. R.    East West  
 County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 Date: 08/06/2012  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: Deanna Garcia Date: 08/13/2012